

An Interview With Harvey B. Stone, M.D.

This is an interview with Dr. Harvey B. Stone of Baltimore, Maryland, being held in Dr. Stone's apartment on June 16, 1967. The interviewer is Dr. Peter D. Olch of the National Library of Medicine. Today we will be informally discussing a number of items and will start with some autobiographical information about Dr. Stone.

Dr. S.:

I am a graduate in medicine of the Johns Hopkins Medical School of the year 1906. I served as a surgical intern from 1906 to 1907, following which I went to the University of Virginia as associate to Dr. Stephen Watts, who became Professor of Surgery at the University of Virginia in 1907.

Dr. O.:

Dr. Watts was a Halsted trained surgeon also, was he not?

Dr. S.:

Yes, oh yes. I might say that Dr. Watts had been the senior resident in surgery during my internship and went from that position to being Professor of Surgery at Charlottesville at the University of Virginia.

I spent three years in that position at the University of Virginia and returned to Baltimore and was appointed to the Outpatient Department of Surgery at the Johns Hopkins Medical School, and given the position of an Assistant in the Dispensary. Through the course of time, I gradually became an Associate Professor of Surgery and still hold that title as an emeritus man. During my active career, I did a considerable amount of teaching, at one time as much as ten hours a week, in the medical school of the Johns Hopkins University. I have been retired now for about eight or nine years, and am no longer active in medical work.

Dr. O.:

You first came in contact with Dr. Halsted as a medical student.

Dr. S.:

Yes, my first definite relationship with him was as a third year medical student in the year 1905 or 1906.

Dr. O.:

Were your impressions of Dr. Halsted when you were a student different in any way from your impressions of him during your internship?

Dr. S.:

Decidedly so. I think I shared the feeling of most of my contemporaries that Dr. Halsted was a very poor teacher. In fact, among the students, his courses were spoken of as "shifting dullness." He seemed to have no capacity to put himself, from his own exalted intellectual level to an understanding of what a beginning student was capable of taking in. We felt that he was a very poor teacher. However, I would like to give this example which is a personal experience. He presented to a third year class, a patient with a mass in the neck. He began quizzing the students as to what this mass might possibly be. The first student gave him a number of possibilities, and when he was exhausted, the "Professor" as we called him, asked another student whether he had anything to add to the catalog of possibilities. When that man dried out, he tried several more but got no further additions to the possibilities and then he said, "I am distressed that nobody here has mentioned the possibility that this might be a tumor of the parathyroid gland." Now to bring his comment into focus with the time in which it was given, I should say that the parathyroids as anatomical structures had not been pointed out to us in our first and second years in anatomy. They

had only very recently been described, and in the dissection of the neck, no one in my class knew there was such a thing, and they were simply destroyed with the adventitious material. Yet, the Professor seemed to feel that it was strange that third year students hadn't thought of that as a possibility as a neck tumor. Now I cited that, as in my opinion, an example of the ingenuousness of the Professor in teaching medical students. But the man to whom I told this story said to me, "Maybe you don't think that is good teaching, but here you, many years afterwards, remember the possibility of parathyroid tumor, and I question very much whether there would have been any other method of fixing it in your memory so firmly."

After graduation I became a surgical intern and as such became part of Dr. Halsted's graduate team. I stayed there one year. The first part of that year, I was an intern on the public wards and the second half of the year, the third assistant surgeon of the class ahead of me resigned, and Dr. Halsted asked me to take his position as an intern on the private wards, which I did. At the end of the year, I was asked by the resident surgeon, who was the administrative officer of the surgical service (Dr. William F. M. Sowers), whether I desired to go on in the advanced assistant service

as Dr. Halsted wanted to know. I told him yes, that I should like to, and Sowers said, "Alright, you can consider that you have got the appointment." A short time after that, this was early in June, Dr. Halsted was leaving for his summer home in North Carolina, and I as the intern on his private wards and Sowers as the general resident accompanied him to the door to say good bye to him. He turned around to me and said something that I have never forgotten, it was so upsetting. He said, "Stone, I am sorry, but we have no place for you next year. I have decided to give the position which you wanted to Dr. Ortschild (John Francis Ortschild), because Cushing has told me that unless he can get his assistants a position on the hospital staff that he cannot get men to come with him in the animal room." I said, "Alright Sir," and that was the end of it of course as far as I was concerned. Then Dr. Stephen Watts who next to Sowers was the first assistant resident said to me, "Stone, I am leaving the first of September for the University of Virginia, where I have been elected as Professor of Surgery. I have the privilege of appointing my entire staff. If you would like to come with me, I could give you the position of Adjunct Professor of Surgery and you would be my assistant in the operating room and have

charge of the surgical service as though you were resident."

I told him I would be glad to accept, and I did.

I went to Charlottesville in September of 1907 and stayed there until the first of August of 1910. During that time I was Associate Professor of Surgery and had the most pleasant and profitable association with Dr. Stephen Watts. At the end of that time, I had been married four years and had one youngster and was expecting another and felt that I ought to secure a position that gave me more financial resources than ⁿ I had at the time. I asked for a promotion and was told by the authorities, including Dr. Alderman, who was then President of the University, that they would be glad to promote me except for the fact that if they promoted one Adjunct Professor in the matter of salary, they would have difficulty in refusing to give a similar promotion to all the other Adjunct Professors and that the finances of the University simply could not manage to meet that situation. Well, to be quite frank, I was not too upset by this information. My wife was very anxious to come back to Baltimore, and so were her family and my family.

When I returned to Baltimore, I sought a position in surgery at the Johns Hopkins Hospital and was assigned as an

Assistant to the Dispensary by Dr. J. M. T. Finney, who at that time was the administrative officer of the surgical dispensary. I might say that I retained that position for a number of years and that later my relationship with the teaching staff at the Hopkins was expanded and I became an Associate Professor and had a considerable volume of teaching to do. Under Dr. Dean Lewis, who succeeded Dr. Halsted, with a brief interim session of administration under Dr. Finney who never took the position as a definitive job, but only held it for a temporary position. Under Dean Lewis, I became an Associate Professor and did a good deal of teaching. At one time I had as much as ten hours a week of instruction in the hospital, most of it with third year students, but ~~a few~~ ^{two} hours as I recall with the fourth year students. One was in ward rounds and one in a lecture course. I continued to teach in about the same capacity for a number of years until I felt that it was time for me to retire, and about twenty years ago, gave up all teaching except for a one hour lecture to the third year students until my final retirement in 1953.

Dr. O.:

That would have been my third year of medical school.

Dr. S.:

Do you remember me as a teacher?

Dr. O.:

In my first and second year I did not have much in the way of surgical lectures, so I think I just missed you.

Dr. S.:

During the time since my retirement, I have been engaged more or less in some surgical experiments, published a number of papers, but three or four years ago did the last of that work.

I had contact with Dr. Halsted of some degree from the time of my third year in medical school until the time of his death. I was never one of his intimates, but was always on his staff in some official position.

Dr. O.:

Am I correct that you returned to Baltimore about the time that the full-time plan went into effect?

Dr. S.:

No, before that. The full-time came into effect around 1914 and I came back in 1910.

Dr. O.:

Being on the attending staff, were you aware of the conflict over the pros and cons of the full-time plan?

Dr. S.:

Yes, I was very much aware of it.

Dr. O.:

The only person that I know who has come out in print recently, who still feels that full-time was a mistake, is Dr. Edward Richardson.

Dr. S.:

I shared his views. I thought it was a mistake, and I still do. I would like to say this. I think that teaching of a clinical subject like surgery involves something more than the acquaintance with surgical books and papers and the description and knowledge of surgical operations and surgical technique. I think it also involves a duty which affects a practicing surgeon to the same degree and just as fully as it does a practicing physician, a family doctor, and that ~~it~~ is giving the full and due weight to the personality side of the practice of medicine, to the patient as a human being, as a member of a family and the community. This should be just as much in the mind of the practicing surgeon as it is

in the mind of the practicing internist. Therefore, it seemed to me that to forcefully prevent, that's what it amounted to, the holder of the Chair of Surgery from having personal private patients, seemed to me to be an inhibition of his attaining the full and right relationship with the community and with his individual patients. And I still think so.

Dr. O.:

Would you think it fair to say that Dr. Halsted, because of his personality perhaps accepted this readily, realizing full well that he did not have the personality of a man who could make a success of private practice. Not in technique, but in rapport with patients.

Dr. S.:

I would say this, and I feel certain that this is nearly true. Dr. Halsted accepted the change and did not have the opposition to it that Osler for instance had, because of the difference of the personality of the two men. Dr. Halsted by temperament and by history was perfectly happy not to be engaged in the emotional side of the practice of surgery. He preferred to look upon surgery as an abstract problem in all of its details, and I don't think he had any feeling of being limited by the full-time arrangement,

whereas I am sure that Dr. Finney never would have accepted it under any circumstances. And I am sure that Osler never would have accepted it under the circumstances.

Dr. O.:

I think another interesting aspect of this is the fact that although Dr. Halsted did not have a very large private practice at any time, he most certainly had a moderate number of private patients prior to the institution of full-time, and the fees that he charged for some of these were astounding. So certainly it wasn't a matter of his being against the sizable fees; I think some people have said in subsequent years that he was not interested in making an income of this size, but I would hesitate to buy that.

Dr. S.:

I can tell you of a personal experience. Dr. Halsted took me with him to see an emergency case of a patient living in Ashville, North Carolina. I went with him as an assistant. On the trip back he said to me--it was an unusual thing, because I never was one of his intimates and he never talked to me much about personal matters--but he said to me that he felt that ^{when} ~~once~~ he left his local environment to function as a surgeon elsewhere, that he was

put to a great deal of trouble and inconvenience and his efficiency was inhibited to some extent and he felt that people who insisted on his going, ought to pay well for it. And he confided to me, it was no secret, that he expected to charge the people \$1500 for that visit.

Dr. O.:

He would charge from twenty to seventy-five dollars per hour for every hour out of Baltimore and then an additional fee for services.

For the sake of historical perspective, do you have any views on Dr. Halsted's drug addiction?

Dr. S.:

I know nothing about it personally, no more than anybody does.

Dr. O.:

I was wondering if anything in your personal experience would lead you to believe that he may have continued the use of drugs.

Dr. S.:

Now that does remind me of one or two ^{incidents} ~~instances~~ that I never understood. I might cite one of them for instance. Dr. Halsted asked me to come to his home at four o'clock in the afternoon on a certain day, as he had come across something

in the literature that bore directly on some experimental work that I was doing in the laboratory and he wanted to read this with me and see my reaction to it. I went to his house, the big house on Eutaw Place, and the maid refused to let me in. I said to her that I had an appointment with Dr. Halsted, that he had asked me to come at four o'clock. She said, "Dr. Halsted is not seeing anyone this afternoon." So I went away. He never referred to it afterwards in any way. The whole matter died.

I was talking to Tom Brown (Dr. Thomas R. Brown) about it and he said to me, and that was the first time that anyone had ever made such an intimation--he said, "You know, I don't think that the Professor ever really got completely off of his medicine and I think that some of his inexplicable peculiarities are due to the fact that he has taken, or is about to take a shot, and he forgot that he had this engagement with you or disregarded it." Now I don't know if there is any truth in that or not, but it is a speculation.

Dr. O.:

I think that there were a fair number of people who had similar experiences to yours and when you put them all together, it does make it seem possible. I don't think

it is likely that he remained on cocaine, but it has been suggested that he may have begun to use morphine.

Dr. S.:

I have no personal opinion about it, but Tom Brown felt quite definitely that Dr. Halsted still was not free.

Dr. O.:

The name Brown is familiar, but I can't place it.

Dr. S.:

He was a very popular general practitioner and was on the medical side and had some mild teaching connection with the dispensary. He had a huge Baltimore practice at a very high level. He knew the Professor very well. He was in one of the first classes graduated from the medical school.

Dr. O.:

A reviewer of Dr. MacCallum's biography of Dr. Halsted, written in 1928, identified only as a "mid-western surgeon" panned Dr. MacCallum's statement that Dr. Halsted had overcome his drug problem. He was certain that Dr. Halsted had continued to use drugs, but I have never been able to identify this "mid-western surgeon".

Certainly we must give Dr. Halsted credit for his great contribution of the system of resident training which was developed under him at Johns Hopkins and spread out from there.

Dr. S.:

Yes. Now how much of that--I know he has been given a great deal of credit for that and don't doubt that he did have much to do with it, but I just wonder if Osler didn't have as much to do with it because he adopted the same system in the medical service at the same time.

Dr. O.:

Yes, I have heard people say, "Why give all the credit to Halsted?"

Dr. S.:

Yes, and I raise that question myself. I think it is a fair question. I don't mean to belittle Halsted, but I don't think it is quite proper or true to give him the entire credit for that. It is a great accomplishment and he had a great share in it, but certainly Osler had just the same practical share in it as he put it into effect on his service at the same time Halsted did. Though Halsted may have been the instigating influence, the practical success

of the thing depended just as much on Osler's support as on Halsted's.

Dr. O.:

I might ask you if you have any strong impressions or memories of other members of the staff at that time. Of course Dr. Kelly was active at that time and Welch.

Dr. S.:

I don't think I can lay claim to any special knowledge or appreciation of them. All of them have been amply and properly praised and honored and I share those feelings. One thing I would like to say just between you and myself, is to express my personal attitude toward Dr. Halsted. Now, I want to begin by saying that he was the greatest surgeon, that his contributions to the philosophy and the practice of surgery were the greatest this country has ever developed. I am ready to back that against any opponents. He was a very meticulously careful operator. I still question as I did when I was an intern, whether it is necessary, or even proper, to spend so much time on such minutia as he did, except possibly to inculcate the practice in his staff. But to carry it to the extreme that he did, I think it was an exaggeration. The

principle certainly was sound, but to take twice as long as an ordinary competent operator to do a standard operation in which there were no unusual features, seemed to me to be unnecessary, let's put it that way. He was not a deft operator, I mean he didn't have the manual easiness some surgeons have.

Dr. O.:

Cushing refers to his thumbs as being very short, stubby and un-surgeon like.

Dr. S.:

Yes. He wasn't a handicraftsman of great proficiency, but he was intellectually the best surgeon in the world of his time. I would like to tell you one or two examples. I have told you about his emphasis on parathyroids to the students. This happened with his full staff in attendance. They brought in a patient, a white man as I remember, into the dispensary that had a fall and he couldn't walk. He couldn't move his hip. He was on a stretcher and they sent him up to the surgical floor, the 5th floor in the old surgical building, and he was lying there waiting for someone to take care of him. Dr. Halsted was told about it and "hips" were one of his early fields in which he made a lot

of contributions. The man was lying on his back and Dr. Halsted, I don't think, touched him. He asked him to move his leg; I believe Dr. Halsted tried to move his leg and couldn't. He didn't ask him to walk. He asked for a tape measure and he made some measurements and he asked Follis, who had just retired as chief resident and was then an Associate Professor, he asked Follis, "Follis, what is wrong with this man?" Follis said he had a fracture of the hip. Halsted said, "Look at his foot." It was up straight. He said, "Follis, what is the position of the foot when a man has a fracture of the neck of the femur?" Follis said, "It is out to the side." Halsted said, "This man's foot doesn't do that." Then he asked two or three others what their judgement was. None of them said. He said, "Well, you have seen me measuring with a tape measure. I don't know if you payed any attention to what I was doing or not." He had a nice method of a caustic little aside! He said, "I find, without your help, that the distance between the midline of the abdomen and the greater trochanter is two centimeters shorter on the right side where the injury is, than it is on the left side. You say he has a fracture of the hip? He doesn't have the position of a fracture of the hip."

Then the old man said something that I think was revealing. He said, "I have never seen this before, but this man has a central dislocation. The head of the bone has been driven through the acetabulum. The reason is the distance between the greater trochanter and the midline is two centimeters shorter on the injured side, and that accounts for the fact that his foot is still straight up and that he can't move his leg." Now, that stuck in my mind till this day. I think that was one of the most splendid cases of inductive diagnosis that I have ever seen. He was really a top man in his field; I don't think there is any doubt about it. I have the greatest admiration for him. I have hated his guts! But he was a great man.

Dr. O.:

Did those who were not his intimates on the staff generally dislike the man?

Dr. S.:

I think you have to make three categories. One general group is most of the graduates of the medical school who never had any relations with him at all, and their feeling was just distant admiration or amusement, perhaps. There was a small group who were his intimates, men like Follis,

Heuer, Reid, perhaps one or two others, but mostly those fellows, not more than four or five, who really knew him and were intimate with him and they were hero worshippers; they thought he could do no wrong. Then there were a number of fellows like myself, who had fairly close contact with him but were never in the inner circle. I can't speak for the rest of them, but my position for myself is perfectly clear. I think he was a great man. I think he probably was the greatest contributor to surgery, not only from the standpoint of theory, but practice, essentially practice, that this country has produced. But I think he had a lot of limitations. I think that his sympathies were very narrow. I think that his human interests were cold and distant. I think that he was quite unfair at times to people he didn't care anything about. I think he was unfair to me.

Dr. O.:

Yes, I know Dr. Firor mentions this; he could be brutal when it came to chopping people off the pyramid to bring another man in at the last minute.

Dr. S.:

And he didn't mind breaking his promises. I didn't like him, just to be perfectly frank. I didn't like him a damn bit, but I admired him tremendously.

Dr. O.:

Would it be appropriate now to move to another area. Could we discuss some things other than Halsted? I thought we might talk a bit about the Eclat Society, Dr. Stone.

I was rather interested that Loyal Davis, probably with tongue in cheek, defines the Eclat Society in his book (Fellowship of Surgeons: A History of the American College of Surgeons) in a manner other than how it was defined by the actual members of the group. Does it not refer to the bursting of a shell?

Dr. S.:

Yes. The French term for the bursting of a shell was an éclat, and we called it the Eclat Club. It is a pun. There is another meaning in French; éclat means fame, prominence or position.

Dr. O.:

Yes, this is the position Loyal Davis takes; he refers to this latter definition.

Dr. S.:

Well, it was a play on words. The idea in its formation was that it would be a nonprofessional professional society

which would be limited to military surgeons who had been close enough--this was the definition--who had been close enough to the battle lines to have the hell scared out of them and none others may apply. Well, it was started in France, while we were still over there, by about five or six people. Charlie Mixter (Charles G. Mixter) of Boston was extremely active in it. "Sox" Elting (Arthur W. Elting), Johnnie St. John (Fordyce Barker St. John), Harry Kerr (Harry H. Kerr) of Washington, and myself. I think that was the original founding group, but that was not the end of it. We took in I think about twenty members; I don't remember the original figure.

Dr. O.:

Was it up to about forty at one time?

Dr. S.:

Yes, about that. We had about fifteen or twenty in the founding group, and we took in up to forty for the first big meeting. Wait a minute, there was a small meeting first in New York, an organization meeting and then the expanded group met as the first official meeting.

Dr. O.:

The first official meeting would have been in 1919?

Dr. S.:

Yes, I think so. They met once a year in a city where there was a member. It actually had rules against any shop talk. It was not a medical society; it was a social society, and its interest was only in medicine as it was involved in warfare, in other words, dedicated not to anything very serious, just to friendship, but with war time medicine as the uniting matrix of the thing.

Dr. O.:

Certainly it would seem that it grew to be a group of some of the leading figures in surgery in this country. Dr. Bayne-Jones has made the comment that, though small, it was a pretty potent organization in which some rather high level discussions of professorships in surgery, etc., were held, and that it could and did wield some amount of influence.

Dr. S.:

Yes, that's true. There is one field in which I know that they did exercise influence and it was very much challenged and disliked by outsiders. That was in the selection of the President of the American Surgical Association, which is the blue ribbon society and was limited, in those days,

to 150 members. I think it is 200 members now. Anyhow, Evarts Graham was very active in the American Surgical Association and he was not an Eclat member. He felt for a number of years that the Eclat Club exercised what he called the veto power on the presidency of the American Surgical Association. I told him what was true. I don't think that there ever was any organized campaign exercised by the Eclat Club, and I honestly think that is true. There was one man in the Eclat Club who was very active in medical politics in general. That was "Sox" Elting. He was a driving fellow with a lot of force, and he did politicize and put pressure on and sometimes the Eclat Club got the credit or the blame for some of the things which "Sox" did purely as an individual without any approval from the Eclat Club. The official position of the Eclat Club, as actually stated in the meetings, was that it should not politicize for its own members. I think they stuck to that pretty well, except for "Sox", and he didn't politicize so much for the members, as against people who he thought were not justifiably proper choices for the jobs. The fact that he very actively opposed them--and he was an Eclat man--the Club got the credit for politicizing. I know that happened.

Dr. O.:

I am curious. You refer to him as "Socks" Elting; this is a nickname. Was that S-O-C-K-S?

Dr. S.:

S-O-X. I don't know where it first originated, but it has been "Sox" Elting ever since I first knew him. If you called him Arthur, I think he would have been shocked!

Dr. O.:

There was a cup, I believe the Clopton Cup, which the Society had for many years. Did they refer to it as the loving cup?

Dr. S.:

Yes, it was given by a lady in Princeton, who, as I recall it, was a widow of one of our members who died early.

Dr. O.:

I think it was Mrs. Clopton.

Dr. S.:

Clopton, yes. Mal Clopton's widow gave us the cup. It is supposed to be in the Smithsonian Institution now.

Dr. O.:

Yes, it is.

Dr. S.:

That is why I could not understand about those papers (the papers of the Eclat Club), because the Director had dinner with B-J (Dr. Stanhope Bayne-Jones), Johnnie St. John and myself, at which time he agreed to accept the cup, and it is my feeling that the papers were discussed, and he also said he would take custody of the papers. How a slipup occurred, I don't know. Maybe I'm wrong, but I certainly left there with the feeling that the cup and the papers were going into the Smithsonian.

Actually, it is more appropriate that they be in the Surgeon General's custody, but I thought it had been settled that they were going the other way.

Dr. O.:

Could I ask you about some of the people who were members of this group? You refer to Dr. Elting as being pretty active politically, and a go-getter. Would you compare him in that sense to Evarts Graham, who, of course, was not a member of this group?

Dr. S.:

Yes, same type of man. They clashed on occasion, very decidedly. I would say that they were much the same type.

Both very able men, but their fields of interest were very separate. Elting was a generally active individual, and his paramedical interests as he got older took most of his time. He was a great sportsman; he hunted all over the world. He shot Kodiak bear and elephants in Africa. He was a man of considerable means. He did all kinds of things that only a rich man could do.

Dr. O.:

If I may, I will just thumb through this little book entitled The Eclat Club. Of course, Dr. Finney was an honorary member.

Dr. Darrach is a familiar name, the New York surgeon. While browsing through the Halsted manuscript material, I noticed that on one occasion, Dr. Darrach, in the middle of a case, stopped to phone Dr. Halsted, in Baltimore, to ask him a question, then returned to finish the case.

Dr. S.:

He pronounced it Darrah, as though it ended in "h". It is an Irish name. His people were Irish Protestants from the north of Ireland. I know this because a group of surgeons took a European tour, and Darrach was one of them and I was one, and we landed in the north of Ireland and Darrach

took a little time to see if he could locate any of his forebearers around Belfast. He was a fine fellow. They were a great group. I think that was the most lovable, likable, and admirable group of people that I ever belonged to. They weren't especially distinguished; they were just fine fellows.

Dr. O.:

Was William Fisher any relation to the latter-day Dr. Fisher, the internist--A. Murray Fisher--here in Baltimore?

Dr. S.:

That is his cousin.

Dr. O.:

Dean Lewis was a member who later came on to Hopkins. Here is the name of Dr. Miller, who, I believe, was one of Dr. Halsted's residents. It seems to me I have heard him referred to as "fighting Bob". This was with tongue in cheek I gather; he was not an overly aggressive individual.

Dr. S.:

That's right. He was very retiring, really.

Dr. O.:

Dallas Phemister is certainly a noteworthy name in surgery.

Dr. S.:

He was in Chicago at the University of Chicago.

Dr. O.:

May I ask you, is Fordyce Barker St. John in any way related to Lewellys Fordyce Barker? There also was an early New York surgeon by the name of Fordyce Barker, without the St. John, and I have wondered if they were related.

Dr. S.:

I don't know what his family relations are. I know he was born in a small New Jersey town, and his father was a doctor in that town. He went to Princeton College and P. and S. in New York for medicine.

Dr. O.:

The thing that first brought my attention to the Eclat Society or Club, was the incident, in 1924, when the members of the society sent a petition to the Board of Regents of the American College of Surgeons, in which they expressed in some detail, their gripes with the admissions policy, etc., of the College.

Do you remember any of the incidents surrounding the development of this petition? Was this truly a society move, or was it one of Dr. Elting's individual efforts?

Dr. S.:

I think it was more one of Sox's impulses. He was quite a dynamic fellow, and I think most of the men in the Eclat Club joined it and enjoyed it on a purely personal friendship basis, and did not go along with its being used as an instrument for political activity. I think a lot of the men, while they were very fond of "Sox"--he was probably one of the most popular men in the group--they did feel that it was a little out of character to have the Eclat used as a lever to advance or disadvantage anybody. That wasn't our purpose. It oughtn't to be introduced that way.

Dr. O.:

This is very interesting, as this is one of the things I am trying to evolve out of this oral history program, in that my feeling is that these developments and changing patterns and regulations set up by the surgeons themselves, were an interplay and interaction between various surgical societies and individuals sometimes working alone. This is the sort of thing which people outside of the inner circle of surgery are just not aware of.

If I may ask a somewhat naive question--I noticed, as I prepared for this subject area, that a person such as yourself

who was interested in the problems of surgical training, etc., would often times be a member of several of the surgical groups either concurrently or in tandem, representing the American Board of Surgery, the American College of Surgeons, or the Surgical Section of the AMA. Was there really competition in a sense amongst these various surgical organizations such that one, in a sense, represents that group, or were you really there--and I don't mean you personally, any individual who was a member of several of the organizations--were you representing yourself, or were you representing the group? Now, that is very poorly expressed, I am afraid.

Dr. S.:

I will have to ask you first to define under what conditions you refer. Do you mean at meetings or in negotiations?

Dr. O.:

Well, negotiations I suppose, yes. In other words, I have the feeling, which may not be correct, and you certainly should correct me if I am wrong, that there was perhaps competition or sometimes even animosity between at least a portion of the American College of Surgeons and the

American Board of Surgery, similarly the American College of Surgeons and the American Surgical Association, so that an individual like yourself, who was actively concerned with these problems and who was involved "on the ground floor" with the formation of the American Board of Surgery, and yet at another time was a representative of the AMA Section of Surgery, and this is my point, was this difficult to do? Were you looked upon as an ASA man, as a Board man; what is he doing representing the AMA?

Dr. S.:

Not in my experience. There may have been individuals who felt so intensely loyal to one group that they resented anybody belonging to the other; I mean I think there are always people like that. They're either "ins" or "outs". I think for the majority of the men that I knew--and this sounds a little highfalutin and altruistic--I think most of them were concerned with using their membership in these various things as a channel for doing some good, to get some desirable conditions effective, and to oppose and remove undesirable situations. It was just what any good citizen feels toward his government. He may not take a very active, leading part in it, but he wants his group to represent the desirable things. I think that was about

the qualification, I would say. Now, you take the Eclat Club. It was one of the strict rules of the Club that there would be no discussion of medical politics, and there never was that I can remember. The only person who broke it, and everybody understood why, was "Sox" Elting, and the way he would break it would just be some outburst of profanity against somebody in the AMA that provoked his dislike. You take myself--I was a number of times a member and had a vote in some group or organization or committee, the Board of Governors or what not; "Sox" never once asked me to vote for something he was interested in.

Dr. O.:

One of the things I have been aware of from my short experience in surgery and from talking to others, is the fact that there is more or less a delineation of surgical societies with perhaps the American Surgical Association at the top, the American Board of Surgery next, which is really more or less an offshoot of the ASA, and then somewhere in there, the Society of Clinical Surgery, and then down a little lower, the American College of Surgeons. One gets a rather biased view from the book written by Dr. Davis (previously cited). He seems to be on the defensive. I'm wondering if it is your feeling that this is reasonably true.

Dr. S.:

I am not sure that I am in a position to answer. I would say this. Baltimore is remarkably indifferent to small special groups. There is no ~~commotion~~^{emotion} about the thing here. A lot of my friends, who are certainly just as good surgeons as I was, and aren't in these things, and I don't think that they have any feeling of jealousy or animosity about it at all. They belong to other things; some that I don't belong to. I have never found what I would consider open hostility to these smaller groups.

Dr. O.:

I think possibly my feelings are jaded by having read Dr. Loyal Davis' book, because one does get the feeling that he was a little critical or on the defensive when referring to the American Surgical Association and the American Board, intimating that they were, at times, trying to take over some of the work that the American College of Surgeons had started.

Dr. S.:

I don't know Loyal very well. I know him well enough to call him by his first name. I have never been to his house. I have never had a close relationship with him. He belongs

to a number of things that I belong to, but none of the smaller groups that I belong to. He didn't belong to the Eclat Club, of course. He wasn't on the Board of the American Surgical Association at the time I was on it. It happens that I have never served in close relationship with him. I only know him casually, and he has always been agreeable and pleasant, but very superficial in his attitude. I think he was a first class surgeon from all that I have heard. I think he was very active in the American College of Surgeons. I was never very active, though I belonged to it. My membership was just a formal thing.

Dr. O.:

You were associated with Dr. Evarts Graham, both in the founding of the American Board of Surgery in 1937, and you were both concurrently in the American Surgical Association. Could you give me your impressions of Dr. Graham as a person and as a figure in the development of surgery in this country?

Dr. S.:

I have some sharp impressions of him. He was an extremely able man. I think probably as able as any of my contemporaries. He had a lot of drive, a lot of personal ambition,

but a high level of personal ambition. I mean he didn't, or wasn't out for lucre or anything of that sort, but he did like office and distinguished office and he executed the offices he held very well, very capably. I was on a number of boards with him and always got along with him very well. I never knew how competent he was as an actual operating surgeon. I had some intimations from some of his students that he was not an outstandingly brilliant operating surgeon. He was neither very deft or skillful nor extremely -----

Dr. O.:

His forte really was in the philosophy, training, and administration of surgery.

Dr. S.:

I saw him do a gallbladder at a time when he was just beginning to be nationally prominent. To be quite frank, I thought that he was a pretty poor operator. He did the job alright, but he was clumsy and slow and hesitant, and in contrast to a man like Bill Fisher (Dr. William A. Fisher) for instance, Dr. Finney's associate who was about the same age and generation; he wasn't in the same class as Bill. Bill was one of the most skillful and

judgmatical surgeons that I knew. He wasn't a show-off, but he just delivered the goods and in ample supply. So I have mixed feelings about Graham in my earlier relations with him. I thought he was a pusher, a man that was ambitious for personal advancement and that he was a poor surgeon. That combination of things didn't register very highly with me. Then I got to know him really well, and I got to be very fond of him and admired him because of his success in his struggles for the advancement of the profession in various lines. I think he contributed a great deal. I liked him very much, and I valued him very highly. I still don't think he ever was a brilliant operator. You know, there are some peculiar things in life. I heard Graham talking one time about carcinoma of the lung and its possible relation to smoking cigarettes. He more or less laughingly said, "Well, I smoke a good deal, I suppose I'll die of carcinoma of the lung." This was years and years before he actually did.

Dr. O.:

I heard that he was a chain smoker for many years, but late in life his friends told him it was ridiculous for him to tell people not to smoke because it was carcinogenic, when

he smoked so much himself. At this time he decided to stop, but it was a little late.

That was an interesting characterization of Dr. Graham.

Dr. S.:

I think he was one of the great men of my generation, undoubtedly.

Incidentally, he did not like the Eclat Club at all.

Dr. O.:

Don't you think there was perhaps an element of jealousy there?

Dr. S.:

Well, he shouldn't have been. He wouldn't have been eligible. He didn't serve in France at the time. He may have felt that he had been excluded, but he wasn't eligible. There is no reason for any man to feel miffed about that because there were certain requirements that had to be met. We had two requirements. You had to be a surgeon and you had to be up front far enough so that you were scared to death.

Dr. O.:

Which group did you represent at the time of the founding of the American Board of Surgery?

Dr. S.:

I believe I represented the AMA, I am not sure. Of course, nearly all of us belonged to all of these things. It was just a formality. I think I was the AMA representative.* I know Fred Rankin was, and I think I was. I have forgotten who the others were. There were three, weren't there, from each of the organizations?

Dr. O.:

I believe so (and referring to Rodman's History of the American Board of Surgery). The American College (of Surgeons) three, the American Surgical (Association) three, the Surgical Section of the AMA three, right? And then one each from the New England Surgical (Association), Pacific Coast Surgical (Association), etc.

Dr. S.:

Yes, there were three from the bigger organizations.

Dr. O.:

Could I impose on you to give me a little "word picture" of each of these founding members as you look over this picture of them (in Rodman's book). Perhaps their strong points, anecdotes, anything you like.

* Actually, Dr. Stone was one of the three representatives of the American College of Surgeons at the organizational meeting in January 1937.

Dr. S.:

Well, Bob Payne (Robert L. Payne) from Norfolk. I had known him for years from the Southern Surgical (Association) before either of us got into the American Surgical (Association). He had been the Secretary of the Southern Surgical for many years and was very influential in it. He never evolved out of being a southern surgeon.

Dr. O.:

What do you mean by a southern surgeon?

Dr. S.:

Well, a loyal and intensely devoted member of the Southern Surgical Association, and one whose connections outside of the South were more or less shallow and superficial.

Dr. O.:

Do you feel he was more or less regionally oriented?

Dr. S.:

Yes, more or less provincial.

Dr. O.:

Did he express an active interest in the American Board?

This certainly was a national organization.

Dr. S.:

This is one of the reasons he was in there. We found a voice representing the south. He would know candidates from there better than some of the rest of us and his judgment was perfectly sound and fair. He wasn't personally a man of national importance, I don't think.

Now, Tom Joyce (Thomas M. Joyce) was not quite the same, but in a way he was a regional man in the Pacific Northwest. He was from Portland and he was without doubt the surgeon of the area and everybody recognized him as such. All of these men were friends of mine, and I was fond of all of them and admired all of them. Tom was a fellow with very sound common sense, but in no way brilliant. He was a fellow whose judgment you could rely on, but he would not have much imagination, or innovation, or enthusiasm. He was a good, sound, solid citizen.

This man Don Guthrie (Donald Guthrie) was really a remarkable fellow. He developed in a small town up in northern Pennsylvania, almost on the New York State line at Sayre, Pennsylvania, a small size, but very big "Mayo Clinic." He was a splendid organizer, a lot of business ability, very good operator, wrote good papers. I think he was one

of the outstanding surgeons of his time in this country. If he had a limitation, I think he was not particularly attracted to the investigative or scientific aspects of surgery. He was a highly practical man. His business he ran very competently, and he built up a great big organization.

Elting (Arthur W. Elting) I have talked about.

This fellow, Truesdale (Philemon E. Truesdale)--we used to have a lot of fun with him--he wrote a paper on diaphragmatic hernia with the stomach getting up into the chest. Whether through his instigation or elsewhere, the thing got a lot of attention in the daily papers at the time and one of the papers described him as the man who cured the upside down stomach! We used to kid the life out of him. He was a second rater, decidedly.

Dr. O.:

He wasn't of the caliber of some of the others.

Dr. S.:

No, no, he wasn't.

Dr. O.:

Was there a conscious effort to get representatives, not just regionally as they obviously did because it was the

first truly national group, but also representatives of academic medicine, the private sector, etc., or did it just pretty much depend on the regional representation?

Dr. S.:

There was no conscious effort to have representatives of groups or interests in it. It was the man himself.

Rodman you know about. (J. Stewart Rodman) He was the Secretary (of the American Board of Surgery). His whole life was that.

Dr. O.:

He did not practice?

Dr. S.:

He practiced, but very little, and his whole interest was in organization and he was a very competent executive secretary.

Graham we have talked about. (Evarts A. Graham)

Whipple (Allen O. Whipple); you can't say too much about Whipple. He was a scholar and a gentleman in surgery. A fine person, excellent character, fine operator, very good teacher. He was as good as we produced; just about the best.

Stone (Harvey B. Stone) I have nothing to say for.

Rankin (Fred W. Rankin) was a very fine fellow. Very aggressive, a driver, splendid operator, had a bad temper. If he was your friend, you could do no wrong; if he was your enemy, he wanted to kill you. His whole career was a story of a very competent, splendid surgeon; one of the best operators we have ever had in this country with his hands, but he had ~~an~~^{the} unusual temperament that goes with some people who are highly emotional. He was either for you or agin' you. If he was for you, you were alright; if he was agin' you, nothing you did was right. He had a falling out with the Mayo Clinic. He married one of the Mayo daughters--I think Charlie Mayo's daughter--and he had a scrap with Will Mayo and actually was kicked out of the Mayo Clinic. Not because of his lack of ability, but for personal reasons. He started a clinic of his own in Kentucky and did very well with it. He died quite young, and he never lived long enough to make a mature impression on the country.

Schmidt (Erwin R. Schmidt) was the closest thing we had to a German Geheimrat. He was the academic surgeon. He was very learned and wrote very learned papers. I never saw

him operate. He was at the University of Wisconsin when he was with us. He did a lot of interesting investigative work. I don't think he ever wrote any epic making papers, but a lot of good, sound digging. He never got out of his little academic circle. Nobody knew him much.

Tom Orr (Thomas G. Orr)--I was awfully fond of Tom. I don't know quite how to describe him. I think he had all the qualifications to be a very great man except for a lack of drive. He had a job which suited him completely. He lived in a community where he was loved. I don't think he ever did this consciously, but he more or less let the world go hang; he had what he wanted. His job suited him and he saw no reason to get excited about other things.

Dr. O.:

Is Dr. Orr the gentleman who left his library to the American College of Surgeons?

Dr. S.:

It could be, it could be. He lived in Leavenworth, Kansas. He was the Professor of Surgery at the University of Kansas.

Clute (Howard M. Clute) was, at one time, the first assistant to Frank Lahey and was his right hand man. They had

a personal disagreement--I rather think it was a pretty sharp one--although neither of them ever criticized the other, they simply avoided talking about it, but I think it was a pretty sharp difference. When he left Lahey, he didn't--how shall I say it--he didn't draw enough weight somehow to establish a personal following and he more or less petered out. He became a private practitioner in Boston, and I think had enough work to keep him reasonably busy, but his contact with the broad world of surgery just died. And he died before he was very old. I think Howard Clute died when he was about 54 or 55. I know he died before Frank Lahey died. He was not an important figure in my generation.

I know you realize that I am just speaking for one man, and it would be a great mistake to think that the views I give you are widely held.

Dr. O.:

Certainly that's true, but as the years go by it is important to have the word pictures of some of these people from people who knew them and knew them well.

Dr. S.:

I have often thought that I was unusually lucky and fortunate, because I never had a prominent position anywhere.

I never was a professor. I never was a leading investigator. I never had a huge practice or a great big hospital service that was important. And yet in spite of all of those drawbacks, I was lucky enough to get to know quite well, personally, most of the surgeons of my generation who were distinguished men.

Dr. O.:

I think this is true. What I can see as an outsider looking at the written record as it exists now, it seems to me it's because you had obviously an active interest in the training of surgeons, the improvement in the qualifications of the training programs, the examining of surgeons, etc. I would dare say that there were many of your contemporaries who were too busy in practice to get concerned by this and would not get involved.

Dr. S.:

Well, whatever the reason, I certainly was fortunate enough to have the frequent and close associations with most of the outstanding men of my generation. I always felt that it was rather an astonishing thing, because quite frankly, I was just a practicing surgeon in the city of Baltimore, that's all. I did manage--it sounds like I tried--but it

happened that I had close personal relationships with nearly all of the men of station in my generation. I advisedly say nearly all, because there were a few men like the man from Chicago you were talking about a few minutes ago--Loyal Davis--whom I knew well, but I never saw him operate, I never heard him give a paper, I met his wife once--she was a very attractive lady--but when I went to a medical meeting, I never made it one of my major purposes to hunt up Loyal Davis. Not that I had anything against him, not at all; I had very little in common with him. I think he was a fine fellow and a distinguished surgeon, but his path and mine didn't cross much.

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